APR. 23. 2014 3:27PM IPMC NURSING ADMIN NO. 383 PRINT: _3: 04/11/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONS AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 445355 B. WING 04/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 **INITIAL COMMENTS** F 000 A recertification survey and complaint investigation #32472 were completed on March 31 through April 2, 2014, at Indian Path Medical Center Transitional Care Unit. Deficeincies were cited under 42 CFR Part, 483, Requirements for Long Term Care Facilities. What corrective action will be F 157 483.10(b)(11) NOTIFY OF CHANGES F 157 accomplished for those residents found. SS=Di (INJURY/DECLINE/ROOM, ETC) to have been affected by the deficient practice? The RN charge nurse on duty A facility must immediately inform the resident. was counseled and provided a copy of consult with the resident's physician; and if known, notify the resident's legal representative the policy, "Fall Risk, Prevention and or an interested family member when there is an intervention". This was carried out accident involving the resident which results in immediately on the morning of 6-18-13. 6-18-13 injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a How will you identify other residents deterioration in health, mental, or psychosocial having the potential to be affected by status in either life threatening conditions or the same deficient practice and what clinical complications); a need to alter treatment corrective action will be taken? significantly (i.e., a need to discontinue an All residents have the potential to be existing form of treatment due to adverse affected by the deficient practice. The consequences, or to commence a new form of medical records have been reviewed for treatment); or a decision to transfer or discharge the resident from the facility as specified in correct address and phone number of the §483.12(a). person to be notified (POE, VIP, and next of kin). This will be reviewed with each The facility must also promptly notify the resident admission. The information will be added and, if known, the resident's legal representative to the SBAR. or interested family member when there is a 4-18-14

LABORATORY DISECTOR'S OR PROMOSRISUPPLIER REPRESENTATIVES SIGNATURE

change in room or roommate assignment as specified in §483.15(e)(2); or a change in

resident rights under Federal or State law or

regulations as specified in paragraph (b)(1) of

The facility must record and periodically update

VP/Œ

What, measures will be put into place or

what systematic changes will you make to

TCU team members currently notify the

House Supervisor immediately if there is

ensure the deficient practice does not recur?

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

this section.

APR. 23. 2014 3:27PM IPMC NURSING ADMIN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

NO. 383 PRIP. 4: 04/11/2014 FORMAPPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER PATH MEDICAL CENT	ER TRANSITIONAL CARE	1	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660	<u>1 U4</u>	<u>1/02/2014</u>	
(X4) ID PREFIX TAG	IX CEACH DEFICIENCY MUST BE PRECEDED BY FULL					BĘ	(X5) COMPLETION DATE	
	the address and phelegal representative This REQUIREMENT by: Based on medical repolicy, and interview responsible party of resident (#102) of two the findings include Resident #102 was a June 7, 2013, with descherichia Coli Sep Chronic Kidney Dise Tract Infection, and the Review of the Admis dated June 13, 2013 Brief Interview Mental (cognitively impaired moderate assistance activities of daily livin Medical record review Report dated June 11 resident fell at 11:00 Medical record review underwent x-rays and 11:00 p.m., on June 13, 2013, and whip fracture at 3:43 a. Medical record review responsible party and	one number of the resident's or interested family member. IT is not met as evidenced record review, review of facility of the facility failed to notify the an injury after a fall for one venty-one residents reviewed. d: admitted to the facility on fagnoses including pais, Dementia, Stage 3 ase, Cholangitis, Urinary Orthostatic Hypotension. sion Minimum Data Set prevealed the resident with a sel Status (BIMS) score of 3 person with all g. of one person with all g.	F		an accident involving a resident. The supervisor will conduct a Post Even Huddle with all involved staff mem as soon as the patient is stabilized. During the huddle the supervisor we review the medical record to ensure that the POA, VIP or next of kin has been notified timely and this has been notified timely and this has been educated on this process. How the corrective action will be monitored to ensure the deficient practice will not recur? This informs has been added to the Post Event H tool, this will be forwarded to the Dof Nursing or designee for review to ensure that all required actions have been completed. In the event that a steps are not carried out the Supervand responsible staff member will be interviewed and if deemed necessar disciplinary action will be initiated. Thouse Supervisors and staff have been deducated on the process.	ot bers will be been be been be been been been bee	4-18-14	

APR. 23. 2014 3:27PM IPMC NURSING ADMIN DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/11/2014 FORM APPROVED OMB NO 0938-0391

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	PROVIDER OR SUPPLIER PATH MEDICAL CENT	ER TRANSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660	04/02/2014	
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F 157	on June 18, 2013, e after the fall and injunction, and into Care Unit) last revier revealed "when in family/and or very infall immediately" Interview with the Dinesk Manager on Apthe DON's office conto notify the resident and suspected injury C/O #32472 483.35(i) FOOD PROSTORE/PREPARE/S The facility must - (1) Procure food from considered satisfactor authorities; and	eight hours, twenty minutes ury occurred. plicy, Fall Risk Evaluation, ervention-TCU (Transitional ewed on February 19, 2014, jury is suspectednotify apportant partnerof resident's irector of Nursing (DON) and pril 2, 2013, at 8:40 a.m., in affirmed the facility had failed its responsible party of the fall y immediately. DCURE, SERVE - SANITARY In sources approved or party by Federal, State or local distribute and serve food	F 15	Finding #1 What corrective action will be accomplished for those residents fou to have been affected by the deficien practice? No residents were affected the deficient practice. The staff membras been instructed to preform hand hygiene after applying hair covering. How will you identify other residents	of by ber 4/1/14	
	by: Based on observatio	-		having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. All staff has been educated on proper hand hygiene and applying hair coveri		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NO, 383

PRINTED: 04/11/2014 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BŲILDING _ 445355 B. WING 04/02/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) F 371 Continued From page 3 F 371 What measures will be put into place or what systematic changes will you make Observation on March 31, 2014 at 7:15 p.m., on to ensure the deficient practice does not the initial tour of the kitchen with the Food and recur? Daily rounds will be done by the Nutrition Supervisor present, revealed: dietary supervisor or designee to ensure Dietary employee #1, preparing food without proper hand washing and hair covering is a haimet or hair covering in place. When the performed by all staff. 4/21/14 employee was made aware of not having a hairnet the employee applied a hairnet and How will the corrective action be continued preparing food without washing their monitored to ensure the deficient practice hands. Interview with the dietary employee at the will not recur? if during daily rounding by time of the observation confirmed there was not a haimet and the hands had not been washed the dietary supervisor or designee a staff before preparing food. member if observed not following proper hand hygiene and hair covering disciplinary A large serving container in the glassed door action will be initiated. Staff has been cooler, marked lemonade with "date made educated. 3/21/14, expiration date of 3/27/14" marked on a 4/21/14 label applied to the container, and ready for use. Finding #2 A brown open bag not labeled and not dated What corrective action(s) will be containing white frozen cubes in the walk in accomplished for those residents found freezer ready for use, the Food and Nutrition to have been affected by the deficient Supervisor stated "I think that is breakfast practice? The out dated contained of potatoes." lemonade was immediately removed from the cooler and discarded. A rack in the food preparation area 3/31/14 containing pans and utensils ready for use with How you will identify other residents fourteen of twenty-one, two inch full pans with white flaky debris on the inside and outside, and having the potential to be affected by the five of the fourteen pans with water droplets on same deficient practice and what the inside and outside of the pan. corrective action will be taken? All residents have the potential to be affected Two commercial deep fryers, one labeled chicken only and one labeled fish only covered by the deficient practice. During daily and ready for use with crusty brown debris on the rounds by the dietary supervisor or perimeter of the dark brown oil. The Dietary designee the cooler will be observed for supervisor stated "well if I can see through the oil outdated products. 4/21/14 I consider it ok to use, and it is real dark but I can

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NO. 383 PRIP. 73: 04/11/2014 FORM APPROVED OMB NO. 0938-0391

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same the same the same to] :	2000 BROOKSIDE DRIVE		
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PREFIX (EACH D)	EFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREF TAG	1X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPA DEFICIENCY)	BE	(XS) COMPLETION DATE
					What measures will be put into play what systematic changes you will ensure that the deficient practice recur? The dietary supervisor or dwill continue daily rounding to included to ensure there are no out products. All staff has been educated the proper labeling and dating system products. How the corrective action(s) will be monitored to ensure the deficient will not recur; i.e., what quality as program will be put into place? Ducaily rounding, by the Dietary supe or designee, if any outdated product identified it will immediately be remand the staff member will be couns and disciplinary action initiated. Finding #3 What corrective action(s) will be accomplished for those residents for have been affected by the deficient practice? The product was immediately or monitored from the freezer and discaplinary action that is accomplished from the freezer and discaplinary other resident practice? The product was immediately of the potential to be affected it same deficient practice and what contains the potential to be affected it same deficient practice and what contains the potential to be affected it same deficient practice and what contains the practice and the practice and the practice and the practice and the practic	make to does not esigned ude the dated sed on term for estrance iring rvisor ce is moved seled ended.	4/21/14 3/ 3 1/14

APR. 23. 2014 3:28PM IPMC NURSING ADMIN DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

NO. 383 PRP. 8**3: 04/11/2014** FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER ATH MEDICAL CENT	ER TRANSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660		14-0-0-1-1
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				action will be taken? All resident the potential to be affected by the deficient practice. All dietary states been educated regarding proper and labeling system of products. What measures will be put into put what systematic changes you will to ensure that deficient practice on the recur? The dietary supervisor designee will continue daily round include the freezer to ensure their unlabeled product stored in the firm though the corrective action(s) will the monitored to ensure the deficient practice will not recur; i.e., what cassurance program will be put into During daily rounding by the dieta supervisor or designee if any unlal product is identified it will immediate removed and the responsible signer will be counseled and distaction initiated. Finding #4 What corrective action(s) will be accomplished for those residents if to have been affected by the deficient practice? No residents were affect the deficient practice. The rack conthe pans and utensils was immediated removed and all pots and utensils actioned and air dried.	e same if has storage ace or make loes or ling to e is no eezer. e quality place? ry celed ately taff ciplinary ound ient ted by itains itely	4/21/14

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING_ B. WING 04/02/2014 445355 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 BROOKSIDE DRIVE INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE KINGSPORT, TN 37660 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ið PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PŘEFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) How you will identify other residents having the potential to be affected by the same deficient practice and what . corrective action will be taken? All residents have the potential to be affected by the same deficient practice. All dietary staff has been educated on the proper cleaning and drying of all pot, utensils and other items for food preparation. 4/21/14 What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? The dietary supervisor or designee will include the food preparation area in daily rounds to ensure there are no items identified with any debris or liquid droplets on them. All dietary staff have been educated on the proper cleaning of lthese items. 4/21/14 How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place? During daily rounds by the dietary supervisor or designee if any items are identified with debris or liquid on them the items will be removed and rewashed and dried: The responsible staff member will be counseled and disciplinary action initiated. 4/21/14

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41,000	AFE-SALL AFEST	TO TO MONTONAL CAPE	i		2000 BROOKSIDE DRIVE		
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					Finding #5 What corrective action(s) will be accomplished for those residents for the to have been affected by the defici practice? There were no residents affected by the deficient practice. It deep fat fryer was immediately clear properly. How you will identify other resident having the potential to be affected the same deficient practice and who corrective action will be taken? All residents have the potential to be affected by the deficient practice. It staff has been educated on the proposition of the deep fat fried and the cleaning log documentation for the fat fried has been reviewed with all what measures will be put into place what systematic changes you will mensure that the deficient practice do recur? The dietary supervisor or dewill include the deep fat fryer in the rounds to ensure the deep fat fryer and the oil is of proper color for prefoods. How the corrective action(s) will be monitored to ensure the deficient prefoods.	ent The aned ts by at All per deep staff. e or ake to pes not esignee daily is clear paring	3/31/14 4/21/14
j		•			will not recur; i.e., what quality assu program will be put into place? Duri	rance	
		•	.L		<u> </u>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

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IBITATA NI A	BATU BECGIOAL OCHT	ED TRANSITIONAL CARE		2	1000 BROOKSIDE DRIVE		
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					daily rounds by the dietary superv or designee the deep fat fryer and cleaning log will be reviewed. If the deep fat fryer is inappropriate for and or the log is not complete the responsible staff member will be counseled and disciplinary action in Finding #6 What corrective action(s) will be accomplished for those residents for have been affected by the deficit practice? There were no residents identified as being affected by the practice. Verbal progressive counse initiated to the dish room staff mentat worked the specified four day the sanitizer solution concentration.	the se use nitiated ound ent deficier eling wa nbers : s that	nt es
•				ļ	not documented.	·	4/21/14
					How you will identify other residen having the potential to be affected same deficient practice and what coaction will be taken? All residents have deficient to be affected by the deficient practice. All staff members have be educated regarding the required documentation of the sanitizer solution concentration log for dish cleaning.	by the prective lave the lient len	e : 4/21/14
				١,	What measures will be put into plac what systematic changes you will m ensure that the deficient practice do	ake to	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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INDIAN	PATH MEDICAL CENT	ER TRANSITIONAL CARE		2	2000 BROOKSIDE DRIVE		
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F 371	see through it." Continued observation, revealed: 1) Dietary employed was being prepared covering in place. 2) Observation of the serving container #1 made - 3/21/14, expons a label applied to use, container #2 made - 3/25/14, expons a label applied to use. Review of the Dishrouse. Review of the Dishrouse.	ion on April 1, 2014, at 11:00 ee #2 in the kitchen while food , without a hairnet or head he cooler revealed a large marked lemonade with "date iration date 3/27/14" marked the container and ready for arked lemonade with "date iration date 4/1/14" marked the container and ready for arked lemonade with "date iration date 4/1/14" marked the container and ready for oom Sanitizer Solution or March 2014 revealed four I not have documentation the d for the correct sanitizer	F	371	recur? The dietary supervisor or designee will include the dish roo sanitizer solution concentration to during daily rounds to ensure the required documentation is appropriand timely. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what cassurance program will be put into During daily rounds by the dietary supervisor or designee the sanitize solution concentration log will be reviewed and if omissions are identhe responsible staff member(s) we counseled and disciplinary action winitiated and or progress to the next The sanitizer solution will immedia corrected.	oriate pe quality place place ill be will be ext step	
F 441 S5=D	Interview with the Fo- in the kitchen on Mar the first observation, to maintain a clean a Interview with the Re- Food and Nutrition or in the kitchen at the ti observation, confirme maintain a clean and 483.65 INFECTION OF SPREAD, LINENS	gistered Dietician/Director of April 1, 2014, at 11:30 a.m., ime of the second ed the facility had failed to sanitary kitchen.	F 44	1	See Finding #1 documentation from page 3-4. See Finding #2 documentation from page 4-5. What corrective action will be accomplished for those residents for the been affected by the deficient practice?	n pund	, ==q = v
i	The facility must estal	Diish and maintain an 🍴			bigence.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	Infection Control Prosafe, sanitary and control to help prevent the confidence of disease and infection Control The facility must est Program under which (1) Investigates, continuing the facility; (2) Decides what proshould be applied to (3) Maintains a reconductions related to infection determines that a respression of the facility must communicable disease from direct contact will train (3) The facility must communicable disease from direct contact will train (3) The facility must contact will train than disease after each direct contact will train than direct contact will train that direct contact will train th	ogram designed to provide a comfortable environment and development and transmission development and transmission development and transmission development and transmission. Program ablish an Infection Control that - development infections decedures, such as isolation, an individual resident; and red of incidents and corrective dections. In do finection and corrective dections decident needs isolation to finection, the facility must depend on the facility must decident needs skin lesions decident residents or their food, if the disease. The resident contact for which detend by accepted	F	141	immediately removed from the re- room upon discovery and the tub- cleaned. The bedside commode container was replaced. How will you identify other reside having the potential to be affected the same deficient practice and w corrective action will be taken? A residents have the potential to be affected by the deficient practice. During daily purposeful rounding to cleanliness and storage of bed side commodes will be checked by the Director of Nursing or designee. The began on 4/18/14. What measures will be put into play what systematic changes you will recommode to ensure the deficient practice do not recur? All staff has been educated on the cleaning and storage of bed commodes. How will the corrective action be monitored to ensure the deficient does not recur? It has been added nursing purposeful rounding to che cleanliness and storage of all bedsic commodes. If a soiled or inappropristored bedside commode is identification.	esident's was ents d by hat ll the his ace or nake pes eted side practice to ck the de iately ed the	4-1-14 4-18-14	
	by:	n and interview, the facility			responsible staff will be reeducated disciplinary action initiated.	l and	4- 1 8-14	

APR. 23. 2014 3:29PM

IPMC NURSING ADMIN

NO. 383 DEPARTMENT OF HEALTH AND HUMAN SERVICES

P. 14 PRIIVLE 04/11/2014 FORM APPROVED OMB NO. 0938-0391

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				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
445355			B. WING	s		"	1/02/2014
	PROVIDER OR SUPPLIER PATH MEDICAL, CENT	ER TRANSITIONAL CARE	<u> </u>	2:	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660	<u>.1 04</u>	<u>10212014</u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	DBE	(X5) COMPLETION DATE
	resident (#95) of tw The findings include Observation on Apri resident's bathroom commode stored in Continued observat contained a small a and fecal material. Interview with the re 10:22 a.m., revealed commode was last of 2014, and stated "the they haven't cleaned Interview with the Di 2014, at 10:34 a.m., confirmed the bedsit been thoroughly clean not to have been sto	deside commode for one enty-one residents reviewed. ed: il 1, 2014, at 10:20 a.m., in the revealed a bedside the resident's bath tub. ion revealed the commode mount of dark brown liquid esident on April 1, 2014, at d the resident reported the used the morning of April 1, at is after they cleaned it,	F	441			